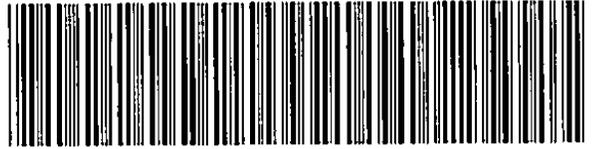


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RECEIVED
2023 FEB -3 AM 11:13
SECRETARY OF STATE

RECEIVED
2023 FEB -3 AM 10:55
DIRECTOR'S OFFICE
REGISTRATION & CORPORATIONS
TALLAHASSEE, FLORIDA

A. BUTLER

FEB -3 2023

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: C Trusted Hands
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Willie Crockett
Name of Person

C Trusted Hands
Firm/Company

10255 Colonial Ct N
Address

Jacksonville FL 32225
City/State and Zip Code

Willie6Crockett@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Willie Crockett at (904) 405-4091
Name of Person Area Code Daytime Telephone Number

Payment is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2023 FEB -3 AM 11:13

C Trusted Hands LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 1, 5, 2023 and assigned
document number 92-1592879.

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

C Trusted Hands

10255 Colonial Ct N

Jacksonville FL 32225

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Willie Crockett

New Registered Office Address:

10255 Colonial Ct N

Enter Florida street address

Jacksonville

City

Florida

32225

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is merely filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

1. Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager

AMBR = Authorized Member

| <u>MR</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------|----------------|----------------------------------------------|-----------------------------------------|
| AMBR | Willie Cockett | 10255 Colonial ct N Jacksonville FL 32225 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

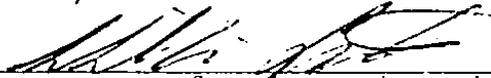
Multiple horizontal lines for amending information.

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Dated February 3, 2023



Signature of a member or authorized representative of a member

Willie Crockett

Typed or printed name of signee